AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS 2012, 39, A TYPE: []IXC []CLEC [X]ILEC []Wireless CERTIFICATED COMPANY INFORMATION COMPANY INFORMATION CARRIERS 2012, 39, A

CERTIFICATED COMPANY INFORMATION						
Hargray Tel. Co. Inc.						
	any Name			FEIIV/OOIV		
Hargra	ay Telephone Company	. Inc.		1-877-HARGRAY		
Dba/fk				Telephone #		
				i diopriorito ii		
P.O. B	ox 5986					
	g Address					
Hilton	Head Island, SC 29938					
	tate, Zip Code					
856 William Hilton Parkway, Bldg. C Business Location Hilton Head Island, SC 29938 City, State, Zip Code REGISTERED AGENT INFORMATION Registered Agent: David H. Armistead Mailing Address: P.O. Box 5986 City, State, Zip Code: Hilton Head Island, SC 29938 Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:						
		iug. O				
				Beaut of		
0.00	Lato, Elp Oodo			County		
		REGISTERED AGE	NT I	NFORMATION		
Registe	ered Agent: David	H Armistead				
	David	11.7 Willistoad				
Mailing	Address: P.O. E	3ox 5986				
City, St	ate, Zip Code: Hilton F	lead Island, SC 29938				
<u>Р</u> А.	Andrew Rein		<u>orint</u>	or type company contact for the following areas:		
	General Manager (Include	address if different than above.)		λ		
	843-686-1246		1	andrew.rein@htc.hargray.com		
	Telephone Number	Facsimile Number		E-mail Address		
B.	Cissy Zareva					
	Customer Relations /Com	plaints Representative (Include a	addre	ss if different than above.)		
	843-686-1256	/ 843-341-0945	1	cissy.zareva@htc.hargray.com		
	Telephone Number	Facsimile Number		E-mail Address		
C1.	Trey Judy					
•		plaints Representative for Escala	ated (Complaints (Include address if different than above.)		
	843-686-1210	/ 843-341-0975	1	trey.judy@htc.hargray.com		
	Telephone Number	Facsimile Number		E-mail Address		
C2.	1-877-HARGRAY					
	Customer Contact (Toll Fr	ee Number)		The state of the s	_	
D.	Chris McCorkenda	مام				
	843-341-1577	nclude address if different than ab	,	chris.mccorkendale@htc.hargray.com		
,	Telephone Number	Facsimile Number		E-mail Address	·····	
<u>=</u>	Gwynne Lastinger					
		ddress if different than above.)	*****		_	
	, , , , , , , , , , , , , , , , , , , ,					

	843-815-1657	/ 843-757-5114	1	gwynne.lastinger@htc.hargray.com			
	Telephone Number	Facsimile Number		E-mail Address			
F.	Hargray Repair						
	Emergencies (During non-office hours)						
	843-686-1138	/ 843-757-5114		info@hargray.com			
	Telephone Number	Facsimile Number		E-mail Address			
<u>In add</u>	ition, please provide the follow	ving company contact info	mation t	o assist in proper routing of correspondence and invoi			
G.	Correspondence: Trey Judy,	Director of Regulatory / In	voices: R	achelle Etheridge, Director of Accounting			
	Regulatory Officer (Include	de address if different than ab	ove.)				
	Telephone Number	Facsimile Number		E-mail Address			
H.	Correspondence: Trey Judy,	Director of Regulatory / In	voices: R	achelle Etheridge, Director of Accounting			
	Dual Party Mailings (Name))					
	SAME Malling Address						
	walling Address	1	1				
	Telephone Number	Facsimile Number	!	E-mail Address			
l.	Correspondence: Trey Judy,	Director of Regulatory / In	voices: R	achelle Etheridge, Director of Accounting			
	Correspondence: Trey Judy, Director of Regulatory / Invoices: Rachelle Etheridge, Director of Accounting Interim LEC Fund Mailings (Name)						
	SAME						
	Mailing Address						
	Telephone Number	/ Facsimile Number		E-mail Address			
1	•						
J.	<u>Correspondence: Trey Judy, Director of Regulatory</u> / Invoices: Rachelle Etheridge, Director of Accounting Universal Service Fund Mailings (Name)						
	SAME	····go (Hamo)					
	Mailing Address						
	Telephone Number	Facsimile Number		E-mail Address			
K.	Correspondence: Trey Judy, Director of Regulatory / Invoices: Rachelle Etheridge, Director of Accounting						
	Gross Receipts Mailings (N	lame)					
	SAME						
	Mailing Address	ı	1				
	Telephone Number	Facsimile Number		E-mail Address			
L.	Correspondence: Trey Judy, D						
	Lifeline Mailings (Name)		***************************************				
	SAME						
	Mailing Address						
	Telephone Number			F I Add			
	releptione Number	Facsimile Number		E-mail Address			
	A) -			Alican Maria			
	Cissy Zareva This form was completed by (p	rint nama)		LASSUP SAULAD			
		,		volgnature			
	Regulatory Assistant	-		<u> </u>			
	Title			Date			

RETURN COMPLETED FORM TO: